

**Office of Administration**  
**Commissioner's Office**

**REIMBURSEMENT REQUEST FOR OTHER SERVICES**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED]

Date Enrolled 10-18-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6-21-17	Car Insurance monthly premium for July 2017	\$209.80	[REDACTED] has been an A2A client since 10-18-16. She is following through with appointments and classes. [REDACTED] is recently unemployed and delivered her baby in May by C-section so has been unable to work. She is currently uninsured and needs a legal car to look for work as well as to get to classes and necessary appointments. There are no other resources available to assist with this expense.
Amt to be reimbursed		<del>\$209.80</del> less installment fee, \$12. <b>\$197.80</b>	

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: Janet Doss

Alliance for Life Program Manager: Carrie LeFolghier

Purchase is Approved ☒ Denied ☐ A2A Signature Shameca Smith Date 6/27/17

Reason for denying purchase: \_\_\_\_\_